

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000135537

FILED
Jun 03, 2008
Secretary of State**Entity Name:** ZOOPRAX TECHNOLOGIES, INC.**Current Principal Place of Business:**5970 SW18TH STREET
SUITE 129
BOCA RATON, FL 33433**New Principal Place of Business:****Current Mailing Address:**5970 SW18TH STREET
SUITE 129
BOCA RATON, FL 33433**New Mailing Address:****FEI Number:** 20-1697843**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHOPE, WILLIAM C
23204-D FOUNTAIN VIEW DR
BOCA RATON, FL 33433 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: SHOPE, WILLIAM C
Address: 23204-D FOUNTAIN VIEW DR
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Delete
Name: SHOPE, WILLIAM C JR
Address: 68 PARTRICK RD
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. SHOPE

PRES

06/03/2008

Electronic Signature of Signing Officer or Director

Date